



### Foodservice Establishment Inspection Report

<b>Establishment Information</b>	
Facility Name <b>FOREST LAKE COUNTRY STORE</b>	Facility Type <b>Small Potentially Hazardous</b>
Facility ID # <b>ASPR-8ETLBL</b>	Facility Telephone # <b>715 547-8222</b>
Facility Address <b>6256 B HWY LAND O LAKES , WI 54540</b>	
Licensee Name <b>FOREST LAKE COUNRTY STORE, LLC</b>	Licensee Address <b>PO BOX 537 LAND O' LAKES , WI 54540</b>

<b>Inspection Information</b>		
Inspection Type <b>Routine</b>	Inspection Date <b>07/09/2015</b>	Total Time Spent

<b>Equipment Temperatures</b>	
Description	Temperature (Fahrenheit)
True refrigerator	39
Reach-in display	36
True refrigerator	39
Victory reachin cooler	34

<b>Food Temperatures</b>	
Description	Temperature (Fahrenheit)
Potato bacon soup - hot hold	163

<b>Certified Manager</b>		
Name	Certificate #	Certificate Expiration
MARK J GOSTISHA	KBRN-9BWQBL	05/10/2017

**OPERATOR** - The violations in operating procedure or physical arrangement indicated below must be corrected by the next routine inspection or by a date specified in this report.

<b>Observed Violations</b>
<b>Total # 0</b>

<b>Comments</b>
<a href="#">Store in nice condition at time of inspection.</a>

Any operator aggrieved by an order of this department under this chapter may request a hearing as provided in ch.227 statute, if state licensed, or a local ordinance if licensed by an agent health department.

Person in Charge

Sanitarian

**Amy Springer**